

— DIAGNOSTIC DELAY SERIES · PART 1

Where the Window Closes

Diagnostic Delay and Missed Diagnosis

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Diagnostic delay is the most common pattern in the cases we review, and it's also the easiest to misjudge at intake, because the diagnosis in the chart is often correct. Stroke. Sepsis. Cancer. The label is right. The problem is everything that happened before the label was written.

This month we're starting a five-part podcast series on diagnostic delay and missed diagnosis. Here's the short version of the framework we'll be using, so you can apply it the next time a records packet lands on your desk.

Work backward from the diagnosis. In a delay case, the record after the diagnosis usually reads like competent medicine. The harm lives in the hours or days before it. Find the first abnormal data point and walk forward from there.

Separate the three timestamps. For labs and imaging, there is the time it was ordered, the time it resulted, and the time a clinician acknowledged it. These are three different moments, and the gap between the second and third is where delay cases are won or lost.

Listen for quiet charting. Phrases like "resting comfortably" and "no acute distress" are not evidence of stability. They are often evidence that nobody re-examined the patient. When the notes get shorter right before a rapid response or a transfer, that is the shape of a delay.

Request the audit trail. The electronic record logs who viewed what and when. If a critical lab resulted at 3:10 a.m. and the first physician view was 7:45 a.m., that's not an argument, it's a fact. Ask for it specifically. It isn't in the standard records release.

Check the facility's own protocols. Most hospitals have written stroke, sepsis, and critical-value policies. If they wrote the rule and didn't follow it, they have already told you what they believed the standard of care was.

And ask the causation question early. Not every delay changes the outcome. Some conditions are past the point of rescue before the first signal appears. We tell attorneys that plainly, and we'd rather tell you at intake than after you've invested in a case.

Episode 81 of Lexcura Clinical Insights walks through all of this in detail. Episodes 82 through 85 take stroke, sepsis, cancer, and cardiac misses one at a time.

This newsletter is for education only and isn't medical or legal advice.

ABOUT LEXCURA CLINICAL INTELLIGENCE

Lexcura Clinical Intelligence provides integrated clinical and regulatory analysis for attorneys handling healthcare litigation. If you have a records packet you'd like reviewed before you commit to a case, that's exactly what the Attorney Case Brief is for.

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